

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	NAME	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	2-N	41	1/27
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		71435	02/6/01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	1/23/02
2	1/23/02
3	1/23/02
4	1/23/02
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49	1/23/02
50	1/23/02

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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